

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                       | Docket Number (Optional)<br><b>EISN-018US</b>     |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
|---|-----------------------|---|------------------|--|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|-----------------------|-------|------------------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number <b>10/507,067 - Conf. #8892</b>  |                       | Filed <b>November 10, 2004</b>                    |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| For <b>MACROCYCLIC COMPOUNDS USEFUL AS PHARMACEUTICALS</b>  |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| Art Unit <b>1626</b>  |                       | Examiner <b>S. Young</b>                          |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$130</td><td style="text-align: center;">\$65</td><td style="text-align: center;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$490</td><td style="text-align: center;">\$245</td><td style="text-align: center;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br/>    <b>Minus \$130 previously paid</b></td><td style="text-align: center;">\$1110<br/>    <b>-130</b></td><td style="text-align: center;">\$555</td><td style="text-align: center;">\$ <b>980.00</b></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1730</td><td style="text-align: center;">\$865</td><td style="text-align: center;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2350</td><td style="text-align: center;">\$1175</td><td style="text-align: center;">\$ _____</td></tr></tbody></table> |                       |   |                  |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br><b>Minus \$130 previously paid</b> | \$1110<br><b>-130</b> | \$555 | \$ <b>980.00</b> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|   | <u>Fee</u>            | <u>Small Entity Fee</u>                           |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                 | \$65  | \$ _____         |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                 | \$245   | \$ _____         |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br><b>Minus \$130 previously paid</b>  | \$1110<br><b>-130</b> | \$555   | \$ <b>980.00</b> |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                | \$865   | \$ _____         |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                | \$1175  | \$ _____         |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>    12-0080    </u> .   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| I am the <input type="checkbox"/> applicant/inventor.   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>    56,593    </u>  |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>                                </u>  |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <u>    /Brian C. Trinqué, Ph.D./    </u><br>Signature   |                       | <u>    December 18, 2009    </u><br>Date          |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <u>    Brian C. Trinqué, Ph.D.    </u><br>Typed or printed name   |                       | <u>    (617) 994-0793    </u><br>Telephone Number |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of <u>    1    </u> forms are submitted.   |                       |   |                  |  |            |                         |  |  |       |      |          |   |       |       |          |  |                       |       |                  |  |        |       |          |  |        |        |          |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 18, 2009

Electronic Signature for Brian C. Trinqué, Ph.D.: /Brian C. Trinqué, Ph.D./